

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006308

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** ENTERPRISE DESIGN CENTER MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

4001 TAMIAMI TRAIL NORTH STE 350  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4001 TAMIAMI TRAIL NORTH STE 350  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-3035390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALVATORI & WOOD, P.L.  
4001 TAMIAMI TRAIL NORTH STE 330  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLENN CARROLL

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LUND, T. CHADWICK  
Address: 4001 TAMIAMI TRAIL N STE 350  
City-St-Zip: NAPLES, FL 34103

Title: DV ( ) Delete  
Name: BURNETT, CHUCK  
Address: 4001 TAMIAMI TRAIL N STE 350  
City-St-Zip: NAPLES, FL 34103

Title: DST ( ) Delete  
Name: STORY, JACK  
Address: 4001 TAMIAMI TRAIL N STE 350  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date